

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

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1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St Louis**

Length of stay in 1b
10yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **1602 N. 18th St.,**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

c. CITY OR TOWN

St Louis

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

1602 N. 18th St.,

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Thomas

Middle

Franklin

Last

Sanders

4. DATE OF DEATH

Month

3-5-63

Day

Year

5. SEX

M

6. COLOR OR RACE

W

7. Married

☒ Widowed ☐ Never Married ☐ Divorced ☐

8. DATE OF BIRTH

4-16-1884

9. AGE (last birthday)

87

10. IF UNDER 1 YEAR

Months Days Hours Min.

11. IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

Laborer

11. BIRTHPLACE (City and state or country)

Tennessee

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Franklin Sanders

13b. MOTHER'S MAIDEN NAME

(Unknown)

Ponds

14. NAME OF HUSBAND OR WIFE

Ava Ann Tucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Lucille Robison 1602 N. 18th St. St. L.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia, Acute

INTERVAL BETWEEN ONSET AND DEATH

1 week

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Chronic Arteriosclerotic Heart Disease with Congestive Heart Failure

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

4200

PART III. If deceased was female, was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20f. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20h. CITY, TOWN, OR LOCATION

20i. COUNTY

20j. STATE

21. I attended the deceased from **2-27-63** to **3-5-63** and last saw him alive on **3-5-63**

Death occurred at **8:30 am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Walter H. Cunningham M.D.

22b. ADDRESS

1410 S. 12th St. St. Louis, Mo. 63104

22c. DATE SIGNED

3-5-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-8-1963

23c. NAME OF CEMETERY OR CREMATORY

Mitchell Cemetery

23d. LOCATION (City, town, or county)

Greenway, Ark.

24. FUNERAL DIRECTOR

Russell Mortuary

24a. ADDRESS

Pigott Ark

25. DATE RECD. BY LOCAL REG.

MAR 6 1963

26. REGISTRAR'S SIGNATURE

Lois Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300

Rev. 4/59

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3032

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

James L. Carson

Licensed Embalmer No. 5168

P. O. Address Millstadt, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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60-09